

# CITY OF MISSOURI CITY COMMUNITY DEVELOPMENT BLOCK GRANT SECTION

# **APPLICATION**

#### for EDUCATIONAL/VOCATIONAL SCHOLARSHIP

The Community Development Block Grant Educational Scholarship is provided to those Missouri City residents who are classified as low to moderate income recipients. The assistance is administered as a re-imbursement for qualified educational expenses.

### **New Applicants**

#### Listed below are the documents needed in order to process your application:

- Income statements for entire household. (Ex: IRS Form 1040, Social Security Statement, SSI Statement, Retirement Benefits, Paystubs, etc.)
- Proof of Missouri City residency. (Ex: utility statement, copy of Driver's License showing Missouri City address, any other legal document showing address)
- Current cumulative GPA (*grade point average*) statement from university or school. NOTE: The minimum GPA to receive assistance is 2.0.
- Receipts for qualified educational expenses. Educational expenses submitted must total at least \$500.00. No partial grants will be awarded. Qualified educational expenses include: tuition, books, supplies, housing (on-campus only), payment toward an educational loan, and other educational fees. All receipts or invoices MUST SHOW THAT A PAYMENT WAS MADE WITH A PERSONAL CHECK, CASH OR CREDIT CARD. Expenses that have been covered by another grant are not eligible for reimbursement (example: Pell Grants).

## **Returning Applicants**

Listed below are the documents needed in order to process your application:

- Income statements for entire household. (Ex: IRS Form 1040, Social Security Statement, SSI Statement, Retirement Benefits, Paystubs, etc.)
- Proof of passing GPA from last semester. <u>NOTE: The minimum GPA to</u> receive assistance is 2.0.
- All qualified educational expense receipts.

#### (APPLICATION MUST BE TYPED OR PRINTED IN INK)

All information contained in this application is for official use only and is confidential.

ADDRESS:				
S	FREET			
C	ITY	STATE	ZIP	
SOCIAL SECURITY #:		F	AGE:	
HOME PHONE:		BUSINESS PHONE:		
(PLEASE CHE	CK APPROPRI	ATE BOX)		
ETHNIC DATA	ATA: ( ) HISPANIC OR LATINO			
	( ) <b>NOT H</b>	ISPANIC OR LATINO		

#### **RACIAL CATEGORIES:**

() AMERICAN INDIAN OR ALASKA NATIVE () ASIAN () BLACK/ AFRICAN AMERICAN () NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER () WHITE () BLACK/AFRICAN AMERICAN & WHITE () AMERICAN INDIAN/ALASKAN NATIVE & WHITE () ASIAN & WHITE () AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN () OTHER MULTI-RACIAL					
LIST <u>ALL</u> PERSONS (INCLUDING SE	ELF) LIVING IN HOUSEHOLD:				
NAME AGE REL	ATIONSHIP MONTHLY INCOME				
TOTAL NUMBER OF DEPENDENTS: TOTAL MONTHLY HOUSEHOLD INCOME.	ICOME:				
VOCATIONAL TRAINING: ( ) Y ( ) Y					
VOCATIONAL TRAINING DESIRED	:				
COLLEGE: ( ) YES ( ) NO					
COLLEGE MAJOR					
CURRENTLY ENROLLED: () YES	() <b>NO</b>				

Applications should be fully completed with all documentation provided and returned for processing to:

City of Missouri City
Community Development Office
Planning and Permits Building
1522 Texas Parkway
Missouri City, TX
77489

Contact: Keely Aust CDBG Section 281-403-8600

#### FOR OFFICIAL USE ONLY

MEDIAN FAMILY INCOME: () EXTREMELY LOW () VERY LOW () MODERATE